

## MH/SA Targeted Case Management Eligibility Checklist

PROVIDER NAME: \_\_\_\_\_

	Control #(s)										
1	Axis I or Axis II diagnosis (other than sole diagnosis of DD) and is pregnant or										
2	Axis I or Axis II (other than sole diagnosis of DD) and										
	Requires coordination between two or more agencies (including medical and non-medical providers) and										
	Is unable to manage his or her symptoms or maintain abstinence due to at least three unmet needs, such as safe and adequate housing, food, legal, educational, vocational, financial, health care, transportation for necessary services. or										
	A child (under age 21) in a residential setting and needs coordination to transition to an alternative level of care. or										
	Has experienced two or more crisis episodes requiring intervention through Emergency Department, Mobile Crisis Management, Facility-Based Crisis, hospitalization, or detoxification services within the last three months.										
Comments:											

Auditor Signature: \_\_\_\_\_ Date: \_\_\_\_\_